Casse: 11:1166-cov-007:56622 (Doorcumeentt#: 61.FFileed): 088/12/5/1166 (Pargee 11:off 119) (Pargel D#35)

RECEIVED





#### UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS



JUL 2 5 2016 C

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

Haron E. Jackson	
(Enter above the full name	
of the plaintiff or plaintiffs in	
this action)	16-cv-7562
	Judge Joan B. Gottschall
VS.	Magistrate Judge Geraldine Soat Brown PC8
Thomas Dart	. 33
C.C.D.o.c office Strong Strett 16745	
c.c. D.o.c office Donnerson)# 16486	
c.c. s.o.e sat. Rocco	
(Enter above the full name of ALL	
defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER THE U.S. Code (state, county, or r	: 1 전문 시간 1.00 전문 1.1.1.1 전문 제공원 전문 경기 기계 : '' 시간 시간 '' 이 기계 : '' 기계 : '
U.S. Code (state, county, or r	nunicipal defendants)  E CONSTITUTION ("BIVENS" ACTION), TITLE
U.S. Code (state, county, or r	E CONSTITUTION ("BIVENS" ACTION), TITLE
U.S. Code (state, county, or r	municipal defendants)  E CONSTITUTION ("BIVENS" ACTION), TITLE de (federal defendants)

	Plaint	A
	A.	Name: Haron E. Jackson
	B.	List all aliases: V/A
	C.	Prisoner identification number: 20140713218
	D.	Place of present confinement: Cook county Ja: \
	E.	Address: Pio Box U89007, Chicago, IL Coloux
	numbe	re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a ste sheet of paper.)
П.	(In A) position	dant(s): below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space o additional defendants is provided in <b>B</b> and <b>C</b> .)
	A.	Defendant: Tomas Dart
		Title: Sheriff OF Cook country Jail.
		Place of Employment: Cook county Sail
	B.	Defendant: Cook county shariff officer(J. Strong) start 16745
		Title: Correctional officer
		Place of Employment: Cook county Ja:1
	C.	Defendant: Cook county Sheriff office (1. Donnerson)
		Title: <u>Correctional</u> officer
		Place of Employment: Court County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

	~ · · · · · · · · · · · · · · · · · · ·	27 A A O	
0	Defendant & SGH. R	DEEC	Y vices
	Tittle: Correctional	officers	
9	lace of employment. Cook	counted last	

 $\textbf{Casse:} 11.1166 \times 4075562 \\ \textbf{Documentt} \#: 61.\\ \textbf{Frited:} 0871251166 \\ \textbf{Pagge:} 30 \\ \textbf{off 199 } \\ \textbf{Pagge!} \\ \textbf{D} \#: 37 \\ \textbf{0.10} \\ \textbf{0.1$ 

Continue Defendants

 $\textbf{Casse: 11:1166-cov-007/55652} \; \textbf{Doorcumeentt}\#: \textbf{61.} \; \textbf{Ffiltent}!: \textbf{0281/1275/1166} \; \textbf{Prange-4-coff} \; \textbf{129} \; \textbf{Prange-1D} \; \#\; \textbf{38}$ 

List all Lawsuits you (and your co-plaintiffs, if any) Have Filed in any state or Federal court in the united states:

A. Name of case and docket number: Aaron & Jackson V. Officer Brylewski, Ete... Case No. 1:16-cv-5953

B. Approximate date of filing lawsuit : 6-6-16

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Haron E. Jackson

D. List all defendants: cook county, tomas Dart, c.c. D. o. c officers Brylewski, Bryan, sergeant Sheehan, commander cozzolino, officer Quinta

E. Court in which the law suit was filed (if federal court, Name the district; If State court name the county)? United States district Court, Northern district of illinois.

F. Warre of Judge to whom case was assigned. Joan B. Grottschall

Gr. Basic claim Made: Sexual Assualt & unscasonable Search

H. Dispostion of this case (for Example: was the case dismissed was it appealed? is it still pending?): pending

I. Approximate date of disposition's pending.

Casse: 11:1166 cov 0075662 (Doocumentt#: 61. Fri led): 08/1/25/1166 (Pagge 66 off 119) (Pagge) (D) ##460	
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Charles C. + Break From Contract 5 To 2 State Will be not being the file	

# Casse: 11:116-cov-075552 Doocumerit## 61 Hillerd: 027/125/116 Pagge 77 off 119 Paggel D ##4/1

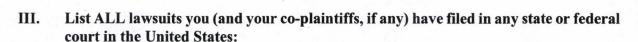
TII.	Lie	st a	11 Laws	uits you	1 ( and	Your	co- (	Maintiff's	if on	M)	Have	f: hed
	iA	any	State or	Gederal	Court	in	the	united	State	is:		

- A. Name of case and socket numbers faron E. Jackson -VS- cook countypet

  Case NO: 16-cv-2029
- B. Approximate date of filing law suit: 1-28-16
- Co List all plaintiffs ( : F you had co-plaintiffs), including any aliases! Aaron E. Jackson
- D. List all defendants; Cook county, Tomas Dart, cook county Sherritt Officer
  Anderson.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court warm the county): Thomas Gr. Bruton, united States district court

  Northern district of Illinois
- F. Name of Judge to whoma case was assigned! Joan B. Grottschall
- G. Basic claim mude: EXCESSIVE force
- H. Disposition of this case (for example: was the case dismissed? was it appealed? is it still pending?): Pending
- I. A Proximate date OF Dispostion; Pending 7-8-16

 $\textbf{Casse: 11:1166-cov-007/55652} \; \textbf{Doocumeentt}\#: \textbf{61.} \; \textbf{Filted}: \textbf{0081/1275/1166} \; \textbf{Pagge-88-off 1199} \; \textbf{Pagge-1D} \#: \textbf{42.} \\$ 



Approximate date of f	iling lawsuit: 17-18-15
List all plaintiffs (if yo	ou had co-plaintiffs), including any aliases: Across & J
List all defendants: C	cook county, Tomas Dart, Nurse Jame 1508, and cook county sheriff officer John
Court in which the law	suit was filed (if federal court, name the district; if state court Thomas on Bruton clerk u.s. District
name the county):	suit was filed (if federal court, name the district; if state court  Thomas On Bruton clerk u.s. District  m case was assigned: Joan B. Gottschall
name the county):	Thomas On Bruton clerk u.s. District
name the county):	m case was assigned: Joan B. Gottschall

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

date of 3/8/16, I was escurted to dispensary taking the wrong Medication, after getting my vitals and was cleared by the worse I ask could I get something to I felt dehydrated. The Miss than reflied No steed , we water became that might activate the pills then tried explaining to her that I really need Water. At that particular Moment I felt myself being draged My cuffs by Someon open I Calier Strong 16745 I ask him what's the footen for him grab me so suffly to which he stated, Just bring your He then begin throwing me all around ass on (Speaking werbation) Place Causing My Shoulder & face to borner OFF the wall, to get my balance, because I was all over the literately but at this time another officer came by Donnerson # 16486 Who tack the opportunity to bun tellow Officer with the Excessive force by raising my over the capacity over my hard causes bornes to for me to be in Exernerating pains I was cuffed to Back, I didn't show any signs of aggression, Nor was I Breaking and rules of the 4 Jail Revised 9/2007

I was then placed in holding where I told Segrant Rocco, that I recorded Medical attention for my shoulder, but he responded that's not his problem dissent profes medical Affantion that was medded I waited almost -hours in shackles in pain from the Excessive toren, befor I was taking to current to see a dector for a X-Ray. I then sent Tomas Dart by 4.5 mail Complaining as to how his correctional officers failed to be professional with addressing this matter thoroughly, Now I have Sharp pains in my Shoulder where it hard to officent like I normally was. This is a my 8th Amendment right to be protected from Cruzil and unusual punishment, It also violated my 14th Amendment to have equal protection under the law. and for that reason alon All defendants are being swed in their own corporate, official & individual capacity for liabity failer to protect, Excessive forces suffer here in cook county establishment, mental & emotional destress, and Compensatory Damage, and would like for the court to feel Just fair and experiate with any other Damages that this court deem awardable.

V.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.  To deliberate indifference, Negligener, Supervisoral liabilities to protect excessive force, Mental & Emotional destress ask that this court rule in my favor a giso would
Du	a to deliberate indifference; Negligener, Supervisoral liability
for	ter to protect, exerssive force, Mental & emotional destress
1:16	
Por	the abuse suffered by this officers in cook court sail
tor	the office suffered by this officers in cook court in
VI.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.  Signed this
	Howon Deepser
	(Signature of plaintiff or plaintiffs)
	Aaron Jackson
	(Print name)
	20140713218
	(I.D. Number)
	P. o Box 089007
	Misses of Contral

(Address)

# Case: 1:16-cv-07562 Posupent #: 6 Filed: 08/27/16 Page 13 of 12 (Reage) P #:43

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE FORM** 

			L#

INMATE ID#

(Formulario de Queja del Preso	)					
! THIS SECTION IS TO BE COMPLETED BY IN	IMATE SERVICES STAFF (	ONLY! (! Para ser lleṇado s	olo por el personal de Inmate Services !)			
GRIEVANCE FORM PROCESSED AS	3:	REFERRED TO:				
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH SERVICES				
GRIEVANCE		SUPERINTENDENT:				
□ NON-GRIEVANCE (REQUEST)		OTHER:				
PRINT - INMATE LAST NAME (Apellido del Preso):	NMATE INFORMATIO	N (Información del Preso)	INMATE BOOKING NUMBER (# de identificación del detenido)			
PRINT - INVIATE LAST NAIVE (Apellido del Preso):	Aaron	vombrej:	20140713218			
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):			
10	15		3/9/16			
INMATE'S BRIEF SUN	MMARY OF THE COMP	<b>LAINT</b> (Breve Resumen de l	os Hechos del Preso):			
<ul> <li>An inmate wishing to file a grievance is required to</li> <li>Inmate Disciplinary Hearing Board decisions cannot</li> <li>When a grievance issue is administratively determ remedies exhausted, however, an inmate may resrequest, or the response is deemed unsatisfactory.</li> <li>Only one (1) issue can be grieved per form.</li> <li>Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos,</li> </ul>	do so within 15 days of the table grieved or appealed through the grievance as a rubmit the grievance issue a gue lo haga dentro de los 15 no podrán ser cuestionadas (PETICION), un preso podría	event he/she is grieving. rough the use of an Inmate Grie non-grievance request, it will ne fter 15 days to obtain a "Contro días después del incidente. o Apeladas a través del uso del	vance Request/Response/Appeal Form. of be assigned a control #, nor can it be appealed or			
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCID	ENT (Hora Del Incidente)	SPECIFIC LOCATION OF I	NCIDENT (Lugar Específico Del Incidente)			
3/8/16 and	7:30 pm	Dis Ren	Sulf			
on the date of 3/	8-16 I 4	vas riscontral	to dispensary for			
tax of the wrong Med.	color after	selling my	vitals Check I asc			
Alm Durse would it !	re alcoh	to all sound	was to don't because			
I was Certina Artifica	de Color who	ich she con	anded was get mut			
I then took to be	asen with	hal agan	Explaning to her that			
7 Stally Medial Smar	water. Then	and at all	while I break			
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUS		que esta solicitado, Esta sección				
I would like both	officer 5	elived of	their Jobs and I			
would like to perss	diaras o	eganst thin	and like for ook			
to investigate the	natter					
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO						
DATE AND INITIA (SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QU	JE CUANDO LA ENTREGO Y LE F					
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDS		JMITIR SU FORMA) INMATE SIGNATI	URE AND DATE: (Firma del Preso/Fecha):			
(Nombre del personal o presos que tengan información:)	· cameras	11.7	n Jeester			
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVIS		ND SIGN ALL GRIEVANCES ALLEG				
AND EMERGENCY GRIEVANCES. IF THE INMA						
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:		DATE CRW/PLATOON COUNSELOR RECIEVED:			
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	1	DATE REVIEWED:			
SS. EMINIEMS DISCOURSE (FINIT).	Signature		DATE REVIEWED.			

# Case: 1:16-cy-07562 Document #: 6 Filed: 08/25/16 Page 14 of 19 PageID #:48 COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE ID#

#### **INMATE GRIEVANCE FORM**

(Formu	lario	de C	)ueia	del	Preso	)

(Formulario de Queja del Preso	)				
! THIS SECTION IS TO BE COMPLETED BY IN	IMATE SERVICES STAFF ONLY	! (! Para ser llenado so	lo por el personal de	! Inmate Services !)	
GRIEVANCE FORM PROCESSED AS	: RE	FERRED TO:			
☐ EMERGENCY GRIEVANCE		CERMAK HEALTH S	SERVICES		
GRIEVANCE		SUPERINTENDENT			
NON-GRIEVANCE (REQUEST)					
MON-GRIEVANCE (REQUEST)		OTHER:			-
	NMATE INFORMATION (In	formación del Preso)			
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer Nombre	):	INMATE BOOKING NUMB	BER (# de identificación del dete	nido)
DACK SOLL	Harm		20140	118218	
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):	111	
INMATE'S BRIFE SLIM	MMARY OF THE COMPLAIN	I (Provo Posumon do los	Hashas dal Brasa)	174	
<ul> <li>An inmate wishing to file a grievance is required to</li> <li>Inmate Disciplinary Hearing Board decisions cannot</li> <li>When a grievance issue is administratively determ remedies exhausted, however, an inmate may resurequest, or the response is deemed unsatisfactory.</li> <li>Only one (1) issue can be grieved per form.</li> <li>Un preso que desea llenar una queja, se le requiere que Las decisiones del Comité Disciplinario de los presos, cuando una Queja se procesa como una QUEJAS NO sea porque no hay una respuesta o porque la respuese</li> <li>Sólo una queja por formulario</li> </ul>	be grieved or appealed through ined to be processed as a non-grubmit the grievance issue after 15 use lo haga dentro de los 15 días da no podrán ser cuestionadas o Ape (PETICION), un preso podría re-son	che use of an Inmate Grieva ievance request, it will not days to obtain a "Control I espués del incidente. ladas a través del uso del Fo	be assigned a control Number" if there has b ormulario de Quejas/Re	#, nor can it be appealed been no response to the espuesta/Forma de Apelac	ción.
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT	ENT (Hora Del Incidente)	SPECIFIC LOCATION OF INC	CIDENT (Lawrence Constitution)	244 :4 : 1	
3/8//6 7:30%		SPECIFIC LOCATION OF INC	IDENT (Lugar Especifico	Del incidente)	
2/8/14		Or strensary			
Officer Strong budget =	1 16745 Sta	t Man br.	M Your	Studed ass	
on then aren me	Soon behad	by my ru	es and	them we	
as set the wall again	ussively over	and other.	T Han	tried to	
act and balence by	was un sue		1 6-	1 60	,
Fire I Salance Sur	1 1/	astul at	ao. ng 30	Second 37	
The time Other Stee	had my	alm) you	ton our	my head	
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUS	T BE COMPLETED (Acción que est		the completance)	you harting	
	7	a somertudo, Esta sección de	be completalise)		
I would like for	both off co	1 Celiant	of the	in Jobs an	(
would noke to perso	Charges again	st both and	L would	Like for	
OPA to investigate the	n's matter				
IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FO	RM MORE THAN 2 DAYS SINCE W	RITING AND/OR DATING IT	ORIGINALLY, YOU WI	LL BE ASKED TO REVISE T	HE
	. TO ACCURATELY REFLECT THE D				
(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUI	E CUANDO LA ENTREGO Y LE PUSO LA INICIALES PARA SUMITIR		ES NECESARIO QUE CAME	BIE LA FECHA Y INCLUYA SUS	,
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDIN (Nombre del personal o presos que tengan información:)	NG THIS COMPLAINT:	INMATE SIGNATURE	E AND DATE: (Firma del Pi	reso/Fecha):	
	9 canagas	Hawten	Lardly		
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION		N ALL GRIEVANCES ALLEGIN	IG STAFF USE OF FORCE	E STAFF MISCONDUCT	
AND EMERGENCY GRIEVANCES. IF THE INMAT	E GRIEVANCE IS OF A SERIOUS NA	TURE, THE SUPERINTENDE	NT MUST INITIATE IMI	MEDIATE ACTION.	
CRW/PLATOON COUNSELOR (Print):	SIGNATURE:		DATE CRW/PLAT	OON COUNSELOR RECIEVED:	
ITENDENT/DIPECTOR/DESIGNES (D. L. A.)	SIGNATURE		3-10	0-16	
ITENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE		DATE REVIEWED:		



## Caso Kiclony Processing the Filed Dalaste Page 15 Page

(Oficina del Alguacil del Condado de Cook)

TROL#	INMATE ID
IROL#	INI

INMATE	<b>GRIEVA</b>	NCE F	ORM
--------	---------------	-------	-----

(Formulario de Queja del Preso)			
! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES	STAFF ONLY! (! Para ser llenado solo por el personal de Inmate Services !)		
GRIEVANCE FORM PROCESSED AS:	REFERRED TO:		
☐ EMERGENCY GRIEVANCE	☐ CERMAK HEALTH SERVICES		
GRIEVANCE	SUPERINTENDENT:		
NON-GRIEVANCE (REQUEST)	OTHER:		
PRINT - INMATE LAST NAME (Apellido del Preso):  PRINT - FIRST NAME	MATION (Información del Preso)  E (Primer Nombre): INMATE BOOKING NUMBER (# de identificación del detenido)		
Jackson Aar	2014/07/132/18		
DIVISION (División): LIVING UNIT (Unida:	d): DATE (Fecha):		
10	3/9/16		
INMATE'S BRIEF SUMMARY OF THE	COMPLAINT (Breve Resumen de los Hechos del Preso):		
An inmate wishing to file a grievance is required to do so within 15 da	ys of the event he/she is grieving. ealed through the use of an Inmate Grievance Request/Response/Appeal Form.		
When a grievance issue is administratively determined to be process	ed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or		
remedies exhausted, however, an inmate may re-submit the grievanc request, or the response is deemed unsatisfactory.	e issue after 15 days to obtain a "Control Number" if there has been no response to the		
Only one (1) issue can be grieved per form.			
<ul> <li>Un preso que desea llenar una queja, se le requiere que lo haga dentro de las decisiones del Comité Disciplinario de los presos, no podrán ser cues</li> </ul>	le los 15 días después del incidente. tionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.		
Cuando una Queja se procesa como una QUEJAS NO (PETICION), un pres	so podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya		
sea porque no hay una respuesta o porque la respuesta es insatisfactori  Sólo una queja por formulario			
DATE OF INCIDENT (Fecha Del Incidente) TIME OF INCIDENT (Hora Del Incide	nte) SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)		
3/8/16 and 7:30pm	Dispensary		
My aim to which he said	so what passes, I don't like		
Your bilen ass any way and	throw my head up against the		
wall agan by this time of	FOR T. Donnerson # 16484 came		
a soistant of an strong by using essive forcer as well before			
rescorts my to holding.			
ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED	(Acción que esta solicitado, Esta sección debe completarse)		
I would like for both or this	so other selvent of their Jobs		
as correctional off (+1) and	I would like to press charges again		
them as well			
	DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.		
	EGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO. ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS		

INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

DATE CRW/PLATOON COUNSELOR RECIEVED: CRW/PLATOON COUNSELOR (Print): SIGNATURE: SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE: DATE REVIEWED:

# Case: 1:16-cv-07562 Document #: 6 Filed: 08/25/16 Page 16 of 19 PageID #:50



## COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE		NON-GRIEVANCE	(REQUEST
-----------	--	---------------	----------

(Oficina del Alguacil del Condado de Cook)	GINEVANCE TON STATE (TELESES)
INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación)	CONTROL#
	20162055
INMATE INFORMATION (Información del Preso) INMATE LAST NAME (Apellido del Preso): INMATE FIRST NAME (Primer Nombre):	ID Number (# de identificación):
INMATE LAST NAME (Apellido del Preso):  INMATE FIRST NAME (Primer Nombre):	20/40-71/32/8
GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL  (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WEL	
CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:	PARE OR SAFETY OF AN INVIATE)
260/1/sconduct (4	Mysical Sworwstay
IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):	
CAW HAS IN TOTAL & COUNTANT STANT MOUNTY	egytia.
CRW / PLATOON COUNSELOR REFERBED THIS GRIEVANCE / / REQUEST TO (Example: Superintendent, Cermak Health services, Pers	onnel): DATE-REFERRED:
RESPONSE BY PERSONNEL HANDLING REFERRAL:	3 10116
Dee attachme	<b>H</b>
DEPOCALISE PERSONNIA TO ODESTANCE (PS-R). CONSTRUCT	/DEPT. DATE:
	DATE: 3 / 10 / 16
Superintendents of a division/unit must review all responses to grievances alleging staff use of for	ce. staff misconduct and emergency grievances.
	DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): INMATE SIGNATURE (Firma del Preso):	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
GRIEVANCE SUBJECT CODE:  NON-GRIEVANCE SUBJECT CODE:	3,11,16
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apela	cion del Preso)
* To exhaust administrative remedies, appeals must be made within 14 days of the da	te the inmate received the response.
* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el pre	eso recibió la respuesta para agotar
todas las posibles respuestas administrativas.  DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):	111 116
INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):	To have present the contract
Against their Extract restaure Econ	used to a vide
ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? ¿ Apelación del detenido aceptada por el administrador o/su designado(a)?	Yes (Si) No
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designees)	gnado(a)):
Original lasange to sond.	
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): SIGNATURE (Firma del Administrador o / su Designado	o(a)): DATE (Fecha):
Muller )	3,16,16
INMATE SIGNATURE (Firma del Preso):	DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):

FCN-48 (Rev. 09/14)

WHITE COPY - PROGRAM SERVICES

YELLOW COPY - CRW / PLATOON COUNSELOR

PINK COPY - INMATE



### SHERIFF'S OFFICE OF COOK COUNTY OFFICE OF PROFESSIONAL REVIEW COMPLAINT REGISTER

HOME ADDRESS: P.O. BOX 08 4002 CITY: Chica go WORK/OTHER#:  I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.  DATE OF INCIDENT: 3-8-16  PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER OF LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:  SACUAL # 16745 9 OFFicus Downers Sound Numbers of License Plate, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:  SACUAL # 16745 9 OFFicus Downers Sound Numbers of License Plate, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:  SACUAL # 16745 9 OFFicus Downers Sound Numbers of License Plate, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? YES NO IF YES, PROVIDE CONTACT INFORMATION.  NAME ADDRESS/CITY/STATE/ZIP HOME PHONE #		NAME (Last, First, M.L.):	AGE:	DATE OF BIRTH:	HOME #:
I HAVE BEEN NOTIFIED THAT, PURSUANT TO SO ILCS 755.38,00, ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.  DATE OF INCIDENT: 3-8-16 TIME OF INCIDENT:  COLUMN OF INCIDENT: 3-8-16 TIME OF INCIDENT:  ACAINST WHOM YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? THE OFFICER  ACAINST WHOM YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? THE INCIDENT.  NAME  ADDRESSICITY STATEZIP  PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.  ON THE OBJECT OF THE INCIDENT.  ACAINST WHOM YOUR COMPLAINT.  ON THE OBJECT OF THE INCIDENT.  ON	nan	Jackson, Aaron, &		10-18-90	( )
I HAVE BEEN NOTIFIED THAT, PURSUANT TO SO ILCS 755.38,00, ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.  DATE OF INCIDENT: 3-8-16 TIME OF INCIDENT:  COLUMN OF INCIDENT: 3-8-16 TIME OF INCIDENT:  ACAINST WHOM YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? THE OFFICER  ACAINST WHOM YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? THE INCIDENT.  NAME  ADDRESSICITY STATEZIP  PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.  ON THE OBJECT OF THE INCIDENT.  ACAINST WHOM YOUR COMPLAINT.  ON THE OBJECT OF THE INCIDENT.  ON	mplair	10. Box 08		icago	WORK/OTHER#:
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DATE OF INCIDENT:  LOCATION OF INCIDENT:  LOC	ΙH	AVE BEEN NOTIFIED THAT, PURSUANT	TO 50 ILCS 725/3.8(b), AN	YONE FILING A COMPLAINT	GAGAINST A SWORN PEACE OFFICER
LOCATION OF INCIDENT:    D	escontraction of		E THE COMPLAINT SUP.	CONTRACTOR OF THE CONTRACTOR CONT	AVII.
DOCATION OF INCIDENT:    DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   DOCATION OF INCIDENT:   STRONG # 16745 & OFFICER   DOCATION OF THE OFFICER      ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION?   YES NO    ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION?   YES NO    If YES, PROVIDE CONTACT INFORMATION   ADDRESS/CITY/STATE/ZIP   HOME PHONE #    Accord		DATE OF INCIDENTS 3-8'-1	16		8:30 pm
ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? [ YES NO IF YES, PROVIDE CONTACT INFORMATION.  NAME  ADDRESS/CITY/STATE/ZIP  HOME PHONE #  ACLIVITY JOINT JOINT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.  On the above date of the incident I was escurted to dispersion on the I took the wrong Medication ones I got my vital Check and wing thing was fine I ask the warm would it be a conference to get a drink of water size which she capital as get out, I then tried to reason with her Explaining to her that I could previous some water because I was tolding the delivery department.  All yellows and the province of the course of the province of the prov	tion	LOCATION OF INCIDENT:	1/0 10		
ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? [ YES NO IF YES, PROVIDE CONTACT INFORMATION.  NAME  ADDRESS/CITY/STATE/ZIP  HOME PHONE #  ACLIVITY JOINT JOINT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.  On the above date of the incident I was escurted to dispersion on the I took the wrong Medication ones I got my vital Check and wing thing was fine I ask the warm would it be a conference to get a drink of water size which she capital as get out, I then tried to reason with her Explaining to her that I could previous some water because I was tolding the delivery department.  All yellows and the province of the course of the province of the prov	nforms	PROVIDE NAMES, BADGE NUMBERS, SO AGAINST WHOM YOU WISH TO FILE A	QUAD NUMBER or LICEN COMPLAINT:	SE PLATE, and/or PHYSICAL	DESCRIPTION OF THE OFFICER
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ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? [ YES NO IF YES, PROVIDE CONTACT INFORMATION.  NAME  ADDRESS/CITY/STATE/ZIP  HOME PHONE #  ACLIVITY JOINT JOINT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.  On the above date of the incident I was escurted to dispersion on the I took the wrong Medication ones I got my vital Check and wing thing was fine I ask the warm would it be a conference to get a drink of water size which she capital as get out, I then tried to reason with her Explaining to her that I could previous some water because I was tolding the delivery department.  All yellows and the province of the course of the province of the prov	Compla				
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On the above date of the incident I was escorted to dispense because I took the wrong Medication over I got my vital check and everything was fine I ask the warse would it be a six for me to get a drink of water of which She replied we get out, I then tried to reason with her Explaining to her that I really needed some water because I was feeling dehydrated, out of No where I felt someone grab Me aggressively from behind throwing me around once I notice the gerson responsible for the someone force being used against	Witnesses	1 9.14/01/29/41	^		
Securi I took the wrong Medication oner I got my wifel check and everything was fine I ask the warm would it be a refer me to get a drink of water all exhibh She registed was get out. I then tried to reason with her Explaining to her that I really predad some water because I was feeling dehydrated. Out of No where I felt someone grab me aggressively from behald throwing me around once I notice the gerson responsible for the passenger force being used against		PROVIDE A FULL DETAILE	ED ACCOUNT OF YOUR C	OMPLAINT AND THE NATUR	RE OF THE INCIDENT.
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	OPPRO	TION ONLY			CONTINUED ON REVERSE

### Case: 1:16-cv-07562 Document #: 6 Filed: 08/23/16 Page 18 of 19 PageID #:58

Complaint Narrative (Continued)
Me I ask him what I do to which he stated bring your stupick
ass on she said you can't get no water. All the whole I was
duft behind my back Not Showing any Signs of Aggression
found him to be treated harship as he was throwing
Me all around up against walls, He then took my arms
rising it beyond the capacity over my head while I was
still cuff behind my back cracking bones, and hurting Mc
easoned Severely with the heigh of another officers I by the
Name of donnerson #16468 who assisted him with the attack
I was then escorted to holding, when I explain to 59th Raco
star # 3728 or 3228 that I was in pain and like to get Bu
Medical Affection for my Shoulder but he stated that's not his
problem I waited almost 45 min shackbe in pain from the
Excessive force the officers use against: Mr befor I seen a doctor
in cornex who gave me X-Ray the west merringo
PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.  I have read this statement that I have voluntarily made, consisting of pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge Print Name)
Complainant's Signature: How Factor Date: 3-8 /6
State of Illinois ) County of Cook )
Signed and sworn to before me on 4-8-16 by Claron (name of person making statement)
(notary seal)  OFFICIAL SEAL  JACKIE L CARR  NOTARY PUBLIC - STATE OF ILLINOIS  MY COMMISSION EXPIRES 08/25/19  (signature of notary public)

Please mail your completed, signed and notafized, complaint form to:

A person commits PERJURY when, under oath or affirmation, in a proceeding of in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Inmate Grievance Number: 20162055

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review 3026 S. California Ave Building 4 / 4<sup>th</sup> floor Chicago, Illinois 60608

